HISTORICAL BACKGROUND ON THE ORIGIN OF COMPUTER MEDICINE

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ABSTRACT

Major historical contributions to the automation of medical information were made with publication of the Morgagnian Indices of De Sedibus, and with the development of methods using punched cards for storage and sorting of data. In 1952 punched cards were used to automatically correlate data in the differential diagnosis of hematologic diseases, and in 1961 a computer was introduced into medicine for that purpose. The many great advances in the application of computer technology that followed, in so many areas of medical research and practice, have led to revolutionary improvements in bibliographic, laboratory, radiologic and other branches of medicine, and have fulfilled expectations of those active in the field that were only hoped for several decades ago.

During earlier decades of this century, an increasingly large volume of technical information emerged in many scientific fields, leading to the recognition of problems in the efficient classification, correlation and transmission of scientific data. An awareness of this increased during the Second World War, with accelerated activity occurring in many scientific disciplines. An official governmental position developed that methods which had led to the efficient utilization of data in the past were no longer adequate, and should be supplemented by additional techniques. This concern was noted in medical research and practice as well as in other fields'. At that time, Dr. Vannevar Bush compared the rapidly growing body of information in science to the Tower of Babel'

Attention to problems of data storage and analysis were not novel in the earlier decades of this century. Over 150 years ago, Dr. Joseph Henry, the first Secretary of the Smithsonian Institution, had stated his belief that available methods of classification and correlation of information were inadequate to handle the bulk of scientific data present at that time. By the third and fourth decades of this century, new methods had been proposed to provide more efficient classification and dissemination of information. They attempted to improve bibliographic data, and suggested storage of information in central locations,

with dissemination by use of abstracts or by selective distribution.

Before and during that period, other techniques also had been developed to provide mechanical assistance in the classification and sorting of technical information. They resulted in the storage of information on cards, with simple sorting of the data carried out using the techniques then available.

In the history of medicine, and in particular in the development of methods of analysis of medical information, a landmark event took place in the 18th Century, when Giovanni Battista Morgagni published the magnificient "De sedibus et causis morborum per anatomen indagatis". These volumes, together with their accompanying Indices, yielded the first successful encyclopedic attempt to accurately correlate pathological and clinical information, in order to assist pathologists and other physicians in the diagnosis of diseases. The publication of De sedibus, was thus an important historical event in which a major concept related to the correlation of medical information was implemented.

By the time the 1930's and 1940's had arrived, with the more rapid accumulation of data that was occurring in medical research, a growing number of investigators began to use punched cards as mechanical aids to classify and correlate data in their respective fields. The punched card methods of data analysis, in turn, were descended from the perforated-card mechanism used in the weaving machine of Morgagni's contemporary, Jacquard. The Jacquard punched-card system represented the culmination of work done by Bouchon (1725), Falcon (1728) and Vaucanson (1745).

According to the medical historian, Jarcho, a line of historical connection can be traced between the Morgagnian correlation exemplified in the indices of De sedibus, and the later development of automated methods of correlation of medical information that arose in the 1950's and 1960's, e.g. 1 t appears that a novel extension of the Morganian approach to the correlation of medical information had taken place, with the demonstration that information upon which medical diagnosis depended could be automatically correlated using

a computer 6,8,9,10. When the orginal study demonstrating this was first published, a segment of the medical community actively opposed the use of computers in attempting to carry out functions traditionally reserved for other areas of medicine; however, this opposition decreased as further publications demonstrated the broad and effective use of computers in medical research and practice.

In 1952, punched cards were used for the first time for the mechanical correlation of data in the differential diagnosis of hematological diseases, and in 1961 a computer was introduced into medicine for that purpose. According to Schmid, computer medicine began with these events.

Prior to and during that period, Brodman and his co-workers had used a medical history questionnaire to study the efficiency with which that approach might assist medical diagnosis; they later developed further methods of automated data analysis. Ledley and Lusted significantly expanded the work of that period, and developed mathematical techniques for medical computing, and for application, to automated pattern recognition. Their work provided an important stimulus for the expansion that soon took place in the field of computer medicine.

The first large-scale application of automated techniques to medical practice, was carried out by Collen in his multiphasic screening program 2. This was broadened by the application of electronic data processing systems to many medical specialities. Computer assisted automation of cardiological diagnosis was carried out 1,2 cardiological diagnosis and the application of computer technology to clinical chemistry laboratories rapidly followed, together with automated pictorial pattern recognition 2, microscanning and automated differential blood analysis.

The development of techniques of image reconstruction have further led to a revolution in modern medicine. In early work, the assessment of x-ray photographs by automated techniques 3½ 3½ 4½ been studied 5 by various investigators. Bracewell developed procedures in the field of radioastronomy, and later De Rosier and Klug reported on the reconstruction of molecular models. Techniques of image reconstruction then led to the development of reconstructed tomography, and most recently Hounsfield introduced the X-ray computer—assisted tomography (CAT) scanner which was further extended by Ledley and co-workers.

These advances, which are only briefly mentioned in this article, have summarized major events in the origin and recent history of computer medicine. Of greater importance, is the fact that the magnificent contributions of

computers to all areas of medical research and practice, from the most basic studies to the most important areas of patient care, can now been seen with greater clarity than they were thirty years ago. We cannot yet forsee the full potential of computer medicine, for the most revolutionary of newer concepts and technologies are just beginning to emerge. They are continuing to bring computer medicine into greater symbiosis with medical research and practice, and they are bringing to all of our respective branches of medicine the fulfillment of expectations and achievements that were only hoped for several decades ago.

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Figure 1.

A page from Morgagni's Second Index of De sedibus, enumerating symptoms derived from diseases, and the corresponding text locations where correlations can be made with other findings

Figure 2.

Marginal punched card used in the study of reference 8,9 for the storage and automatic correlation of data in the differential diagnosis of hematologic diseases

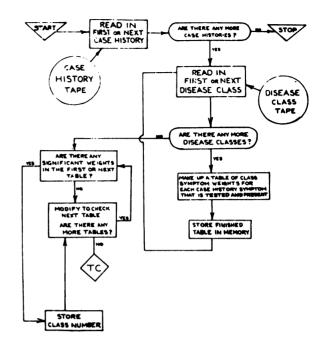


Figure 3.

Flow diagram used in the study of reference 10 , where the differential diagnosis of hematologic diseases was carried out with a digital computer.

